TABLE 1

PAGE 1 OF 4

OMB NO.: 1820-0557

ONIO 140., 1020-000

FORM EXPIRES: 11/30/2009

STATE: MT

REPORT OF CHILDREN RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2006

SECTION A

COUNT DATE:	DATE: MONTH		DAY		YEAR
A.1. A	GE AND RACE/ETHNICITY OF INFANT	TS AND TODDLERS, AGES	BIRTH THROUGH 2		
	. Total	birth to 1 (0 to <12 months)	1 to 2 (≥12 to < 24 months)	2 to 3 (≥24 to < 36 months)	Percent
TOTAL(ROWS 1-5)	679	112	228	339	100%
AMERICAN INDIAN OR ALASKA NATIVE	143				21%
2. ASIAN OR PACIFIC ISLANDER	5				1 %
BLACK (Not Hispanic)	11				2 %
4. HISPANIC	41				6,9
5. WHITE (Not Hispanic)	479				7:1 %

	A.2. AGE AND RACE/ETHNIC	ITY OF CHILDREN, AGES 3	OR OLDER		
	Total	3 to 4 (≥36 to < 48 months)	4 to 5 (≥48-to < 60 months)	5 or older (≥60 months)	Percent
TOTAL(ROWS 1-5)	NA		0	0	100
1. AMERICAN INDIAN OR ALASKA NATIVE		0			0
2. ASIAN OR PACIFIC ISLANDER		0			O
3. BLACK (Not Hispanic)		0			Ó
4. HISPANIC		0			0
5. WHITE (Not Hispanic)		o			0

^{*} STATES SHOULD NOT PROVIDE PERCENTAGES IN THIS SECTION. THESE WILL BE CALCULATED BY OSEP'S DATA TRANSMISSION SYSTEM

TABLE 1

PAGE 2 OF 4

REPORT OF CHILDREN RECEIVING

OMB NO.: 1820-0557

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

FORM EXPIRES: 11/30/2009

STATE: MT

DECEMBER 1, 2006

SECTION B

B.1. GENDER OF INFANTS AND TODDLERS, AGES BI	RTH THROUGH 2, RECEIVING EARLY INTE	RVENTION SERVICES
	Total	Percent*
TOTAL BIRTH THROUGH 2	679	100%
1. MALE	394	58%
2. FEMALE	285	42%

B.1. GENDER OF CHILDREN, AGES 3 OR C	OLDER, RECEIVING EARLY INTERVENTION	N SERVICES
	1	
	Total	Percent*
TOTAL 3 OR OLDER	0	100%
1. MALE	0	0%
2. FEMALE	0	0%

 $[\]mbox{*}$ STATES SHOULD NOT PROVIDE PERCENTAGES IN THIS SECTION. THESE WILL BE CALCULATED BY OSEP'S DATA TRANSMISSION SYSTEM

TABLE 1

PAGE 3 OF 4

REPORT OF CHILDREN RECEIVING

OMB NO.: 1820-0557

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

FORM EXPIRES: 11/30/2009

STATE: MT

DECEMBER 1, 2006

SECTION C
(TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

(THESE INFANTS AN	AT-RISK INFANTS AND TOD ID TODDLERS SHOULD BE	DLERS, AGES BIRTH INCLUDED IN COU	THROUGH 2 NTS FOR SECTIONS	A.1 AND B.1)				
		AGE AS OF CHILD COUNT DATE						
	Total	birth to 1	1 to 2	2 to 3				
		(0 to <12 months)	(≥12 to < 24 months)	(≥24 to < 36 months)	Percent			
TOTAL(ROWS 1-5)	NA NA	(0	o	100%			
1. AMERICAN INDIAN OR ALASKA NATIVE	0							
2. ASIAN OR PACIFIC ISLANDER	0							
3. BLACK (Not Hispanic)	0							
4. HISPANIC	0							
5. WHITE (Not Hispanic)	0							

TABLE 1

EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

REPORT OF CHILDREN RECEIVING

PAGE 4 OF 4

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: MT

DECEMBER 1, 2006

SECTION D (OPTIONAL)

CUMULATIVE NUME	BER OF INFANTS AND	TODDLE	ERS WHO RECEIN	/ED EARLY INTERVENTION SERVICES	
FROM	<u> 10/1/2005</u>	то	9/30/2006	(SPECIFY EXACT DATES)	
				AGE: birth through 2	
NUMBER OF INFAN	TS AND TODDLERS		•	1590	

TABLE 2

PAGE 1 OF 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

FORM EXPIRES: 11/30/2009

OMB NO.: 1820-0557

DECEMBER 1, 2006

STATE: MT - MONTANA

SECTION A

At. ACL OROOF	AND SETTING OF INFANTS AND	Birth to 1	1 to 2	2 to 3
	Total	(0 TO <12 months)	(>=12 and <24 months)	2 to 3 (>=24 and <36 months)
TOTAL (ROWS 1-3)	679	112	228	339
1. HOME	605	99	207	299
2. COMMUNITY-BASED SETTING	25	4	6	15
3. OTHER SETTING	49	9	15	25

A2. AGI	E GROUP AND SETTING O	F CHIL	DREN, AGES 3 OR OL	DER	
	Total		3 to 4 (>=36 and <48 Months)	4 to 5 (>=48 and <60 Months)	5 or older (>=60 months)
TOTAL (ROWS 1-3)	na		9	-9	-9
1. HOME .		-9	-9	-9	-9
2. COMMUNITY-BASED SETTING		-9	-9		-9
3. OTHER SETTING		-9	-9	-9	9

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C PAGE 2 OF 2

OMB NO.: 1820-0557

FORM EXPIRES: 11/30/2009

STATE: MT - MONTANA

DECEMBER 1, 2006

SECTION B

B.1 RACE/ET	HNICITY AND SETTING	OF INFANTS AND	TODDLERS, AGI	ES BIRTH THRO	DUGH 2	
	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE		BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL (ROWS 1-3)	679	143	5	11	41	479
1. HOME	605	128	4	11	31	431
2. COMMUNITY-BASED SETTING	25	5	0	0	1	19
3. OTHER SETTING	49	10	1	o	9	29

B.2 R	ACE/ETHNICITY AND	SETTING OF CHI	LDREN, AGES 3	OR OLDER		
	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL (ROWS 1-3)	na	No.	-9	-9	-9	-9
1. HOME	-9	-9	7	-9	- 9	-9
2. COMMUNITY-BASED SETTING	-9	-9	-9	-9	-9	-9
3. OTHER SETTING	-9	-9	-9	-9	-9	9

COMMENTS

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2006

STATE: MT - MONTANA
COMMENTS
Other settings: Early Head Start; Hospital; DEAP office (Child and Family provider agency); ECI office (Child and Family provider agency);
CDC office (Child and Family provider agency); speech clinic; PT clinic